

Request for Motor Vehicle Data

NOTE: Before paying the research fees, please be sure you are authorized to receive this information. Fees are non-refundable if you are not authorized to receive the information or a motor vehicle record is not found.

SECTION A

Motor vehicle records have been removed from the Open Records Act. In compliance with § 40-2-130 and §40-3-23 of the Official Code of Georgia Annotate, only certain parties are authorized to receive motor vehicle records. Check the appropriate block to indicate your qualification to receive the information.

State law provides for the release of the insurance company name or the insurance status to only the owner of the vehicle, law enforcement officers, and to any other person authorized to receive this information under the power of a subpoena.

- ☐ **OWNER** of vehicle. If our records do **not** indicate the inquirer is the vehicle's current owner, the inquirer must submit documentation tracing ownership from the current owner on record.
- ☐ **INDIVIDUAL**, or their lawyer, insurance agent, or representative of individual, involved in a motor vehicle accident as an operator of a motor vehicle, passenger or pedestrian. Copy of accident report is required.
- ☐ **ATTORNEY**. An attorney's signed letterhead request is required with proof of pending litigation involving a motor vehicle accident, a copy of the accident report or a certified copy of a Fi.Fa, and a copy of the attorney's Bar Association card. PARALEGALS or MEMBERS OF THE ATTORNEY'S STAFF may receive information if they submit a copy of the attorney's Bar Association card, a letterhead request signed by the attorney, proof of pending litigation as the result of a motor vehicle accident, a copy of the accident report or a certified copy of a Fi.Fa and the submitter's valid driver's license or government-issued identification card. If tag or title records are requested for any other reason, a subpoena to release the information must be served.
- ☐ **JUDGMENT CREDITOR** of the owner of the vehicle must present a certified copy of the Fi.Fa.
- ☐ **LICENSED DEALER** of new or used motor vehicles. MVS assigned permanent dealer number: _____. Severe administrative penalties will be imposed if invalid or incorrect dealer number or authority is used. If you are an out-of-state motor vehicle dealer, submit a copy of your state's license with your request. If you are employed by more than one dealer, you may only receive motor vehicle tag and title records for one dealership, unless application for title is submitted.
- ☐ **INSURANCE COMPANY or INSURANCE ADJUSTOR**. A signed letterhead request from the insurance company including the claim number and a copy of the accident report must be submitted. Our name file will not be checked unless the person on the accident report was the operator of the motor vehicle involved in the accident.
- ☐ **BANK or LENDING INSTITUTION**. A bank's or lender's signed letterhead is required. If the bank's or lender's lien or security interest is not perfected in our records, a copy of the contract must be submitted between the record owner(s) and the bank or lender requesting the information.
- ☐ **MOTOR VEHICLE MANUFACTURER** for the purpose of a manufacturer's recall. A signed letterhead request is required from the manufacturer.
- ☐ **LAW ENFORCEMENT OFFICER**. For official investigations only. Letterhead request from law enforcement agency is required.

SECTION B

Please complete the following. Requests are limited to three (3) title histories per day. We provide copies of title documents for titles issued within the last five (5) years.

<input type="checkbox"/> Tag computer printout	\$.50	<input type="checkbox"/> General Salvage Information	\$ 1.00
<input type="checkbox"/> Title computer printout	.50	<input type="checkbox"/> Title History	5.00
<input type="checkbox"/> Tag & Title computer printout	1.00	<input type="checkbox"/> Letter of Verification	5.00
<input type="checkbox"/> Certified Transcript of Tag/Title Record (Must be requested seven (7) days prior to court date)	10.00		
<input type="checkbox"/> Abandoned Motor Vehicle (Form MV-603)	2.00		

Provide as much of the following information you have so we can locate the correct record.

Tag Number & Year	Year Model	Make of Vehicle	Vehicle ID Number	Vehicle Owner's Name & Address

All Spaces must be completed.

SECTION C

Picture ID Always Required

Printed Name of Person Requesting Information		Driver's License # & State of Issue		Person/Company You Represent	
Street Address		City		State	
Telephone Number		Signature			
Date					

Falsification of information on any request for motor vehicle tag and title records will result in the loss of services with the Department of Motor Vehicle Safety, Motor Vehicle Services Section. I do solemnly swear, affirm or promise under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or for making a material false statement punishable by fine up to \$5000.00 or by imprisonment of up to 5 years, or both, that the statements contained herein are true and accurate.